

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2015 OCT -8 AM 11:38

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

C h a p p e l l e - N a d a l f o r C o n g r e s s

ADDRESS (number and street)

◀ (Check if address
is changed)

P . O . B o x 3 0 0 2 5 4

U n i v e r s i t y C i t y

CITY ▲

M O 6 3 1 3 0 -

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

◀ (Check if address
is changed)

maria.chappellenadal@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address
is changed)

2. DATE 1 0 / 0 6 / 2 0 1 5

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT



NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Don C. Logue

Signature of Treasurer

Don C. Logue

Date

1 0 / 0 6 / 2 0 1 5

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)